

***Please print or type***

<b>REASON FOR APPLICATION</b>  <input type="checkbox"/> Initial license (\$100.00)  <input type="checkbox"/> New license - majority change in ownership or control (\$100.00)  <input type="checkbox"/> Renewal (\$75.00)  <input type="checkbox"/> Late renewal (\$100.00)  <input type="checkbox"/> Duplicate-license lost or destroyed (\$5.00)  <input type="checkbox"/> Replacement - correction or change of name and/or address only (no fee, attach current license)  <input type="checkbox"/> Amended - minority change in ownership or control (no fee)	APPLICANT NAME (COMPANY NAME)		FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK)  _ _ _ - _ _ _ _ _ _ _ _		
	OWNERSHIP INFORMATION (MARK ONLY ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND STATE:				
	IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)		
	ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO DBA LEAVE BLANK)		MAIL LICENSE ATTENTION:		
	MAIN OFFICE STREET ADDRESS		CITY	STATE	ZIP CODE
	MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)		CITY	STATE	ZIP CODE

CALIFORNIA CARRIER IDENTIFICATION NUMBER CA	CHP HAZARDOUS MATERIALS TRANSPORTATION LICENSE NUMBER AND EXPIRATION DATE (NOT APPLICABLE FOR INTIAL LICENSE)	FEDERAL OPERATING AUTHORITY NUMBER (IF APPLICABLE) MC / MX	US DOT NUMBER (IF APPLICABLE)	CALIFORNIA CORPORATION NUMBER (IF APPLICABLE)
--	---	---	-------------------------------	---

PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION (PHMSA) REGISTRATION NUMBER AND EXPIRATION DATE		FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) HAZARDOUS MATERIALS SAFETY PERMIT NUMBER AND EXPIRATION DATE (IF APPLICABLE)	
PHMSA	Expiration Date	FMCSA	Expiration Date

HAZARDOUS MATERIAL SHIPMENTS INDICATED BELOW ARE SUBJECT TO SPECIALIZED ROUTING REQUIREMENTS. TO BE PLACED ON THE APPROPRIATE MAILING LIST(S) TO RECEIVE COPIES OF THE ROUTE MAPS AND ASSOCIATED REQUIREMENTS RELATED TO EACH CATEGORY, CHECK ALL APPLICABLE BOXES.

- ☐ (HMX) Explosives subject to Division 14, California Vehicle Code (CVC).
- ☐ (HMPIH) Poison Inhalation Hazard material in bulk packagings subject to Division 14.3, CVC.
- ☐ (HRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.5, CVC.
- ☐ None of the above (subject only to the general routing requirements contained in Section 31303, CVC, and Section 397.67 of Title 49, Code of Federal Regulations).

APPLICANT BACKGROUND (REQUIRED RESPONSES)		YES *	NO
a. Has the applicant or any company officer ever been issued a similar license/permit by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (Other than a renewal of this license)			
b. Has the applicant or any company officer ever had any similar license/permit denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			
c. Has the applicant or any officer ever been a partner, officer, director or controlling shareholder in a company or corporation whose license/permit was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			
d. Has the applicant ever had their authority to transport hazardous materials shipments, for which the display of placards is required, suspended by an agency of the federal government?			
<b>* EXPLAIN ALL YES ANSWERS IN THE SPACE PROVIDED BELOW</b>			

CHP ACCOUNTING USE ONLY			CHP HAZARDOUS MATERIAL LICENSING USE ONLY	
DATE	AMOUNT	CHECK DATE	LICENSE NUMBER	CONTROL NUMBER
CASHIER		CHECK NUMBER	ISSUE DATE	EXPIRATION DATE

CARRIER IDENTIFICATION OF TERMINALS				
PROVIDE A LIST OF CALIFORNIA TERMINAL LOCATIONS FROM WHICH HAZARDOUS MATERIALS CARRYING VEHICLES ARE OPERATED (ATTACH ADDITIONAL PAGES AS NECESSARY)				
ADDRESS	CITY	ZIP CODE	CONTACT PERSON	PHONE NUMBER (INCLUDE AREA CODE)

MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO THE ADDRESS BELOW.  
 Your application will not be processed without all of the following:

- Complete and verify the accuracy of all entries (phone numbers, address info, etc.)
- Include proper fees
- Original Authorized Certifier's Signature
- Check all of the appropriate boxes for the type(s) of specialized highway routing requirement information that applies to your company

Carry a copy of the application and copy of your method of payment in each vehicle as a temporary license for not more than 60 days from the date on the application.

CERTIFICATION INFORMATION		
It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to motor carrier safety and hazardous materials transportation. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. It is also understood that misrepresentation of a material fact in conjunction with this application is a misdemeanor and may result in denial or revocation of the license.		
AUTHORIZED CERTIFIER'S SIGNATURE	PRINT OR TYPE NAME AND TITLE	DATE
		CALIFORNIA HIGHWAY PATROL ATTN: HAZARDOUS MATERIALS LICENSE P.O. BOX 942902 SACRAMENTO, CA. 94298-2902